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ABSTRACT

According to recent research, Hispanic women are a "mosaic" population, being characterized not only according to subethnic group (Mexican Americans, Puerto Ricans, Cubans, Spanish speakers from other countries) and social dimension (educational attainment, linguistic facilities, cultural and ethnic self-identification), but also according to income and geographic location. The lack of educational attainment among large segments of the Hispanic population is the primary factor determining income. Research has also documented several health problems particular to Hispanic women: difficulty of obtaining health care, underuse by medical professionals of family and friend networks, and barriers to adequate prenatal care. In addition, obesity, diabetes, and hypertension are prevalent among Hispanic American women. Studies have revealed significant differences between Anglo Americans and Mexican Americans in health attitudes, behaviors, and knowledge and have shown that many Hispanics rely on the mass media as a source of health information. Despite existing research gains, more research is needed that conceptualizes Hispanic women as a heterogeneous group. More rigorous descriptive studies are also needed, as is research in the areas of pregnancy, obesity, hypertension, and family dynamics. (SB)

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"HISPANIC WOMEN'S HEALTH ISSUES: Understanding A Mosaic Population

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Hispanic Women's Health Issues:

Understanding a Mosaic Population

Research on Hispanic women and their health needs has increased dramatically over the past decade. It has only been since 1950 that separate data on Hispanics has even been available. Since then classification categories have often been inconsistent, but interest has been steadily increasing. More data on Hispanics is now available than at any time in the past, and research is beginning to focus on the particular health problems faced by Hispanic women.

The present paper is a brief review of this research. It is not intended to be a comprehensive survey, but will highlight some of the health problems within this population that have received recent research attention. First, the research that has been conducted during the last few years will be reviewed, outlining the major results obtained from these efforts. Second, some of problems in previous research will be critiqued, and, finally, some questions will be posed for future research, and some suggestions made for the application of research towards meeting the special needs of this population. Hopefully, this review will help set the stage for the presentation of several innovative and informative studies on minority women's health problems that will follow here today.

First, we now know that Hispanic women as a group are indeed a "mosaic" population. In previous years, there was a tendency for researchers and policy makers to "lump together" all Hispanics as if they made up a homogeneous group. Recent data (and our own experience) refute this notion, revealing, in contrast, that the Hispanic population is composed of individuals and groups of individuals with widely varying characteristics. There are at least four categories that are useful for characterizing the diversity of the Hispanic population. One is according to subethnic group, that is, according

to country of origin or ancestry, of which the four largest groups, in order of size, are: Mexican Americans, Puerto Ricans, Cubans, and those from Spanish-speaking countries of Central and South America and Spain. These four main ethnic subgroups resemble one another primarily in that the country of their origin or their ancestors' origin was Spanish-speaking. Beyond that, each group's culture, geographic concentration, educational attainment, income, occupation, motivation for seeking U.S. residence, and demographic behavior are sufficiently diverse that the Hispanic population should be analyzed as four distinct groups whenever possible.

The second category for identifying relevant differences among this population is a social dimension. This includes level of educational attainment, linguistic facilities, and self-perceived ethnic and cultural identification. The level of educational attainment for Hispanics as a whole remain far behind those for the white, non-Hispanic population. In 1979, 18% of the Hispanic population had not completed five or more years of school, and only 42% completed at least 12 years, compared with 3% and 69%, respectively, for the non-Hispanic population. Considerable variation exists within and among the various Hispanic ethnic groups, however, with Mexican Americans and Puerto Ricans having somewhat lower levels of educational attainment than persons of Cuban or Central/South American origin. Although there is some upward mobility in educational attainment for each subsequent generation from the original immigrants, the rate of progression for large numbers of Hispanics is far below those of the European immigrants. The reasons for this are complex, but include lack if English-speaking proficiency, the lack of motivation that results from living in subsitence conditions, and, to some extent, a tendency for some school systems to deny Hispanic students the early language and academic assistance needed to master basic skills in their education.

The lack of educational attainment among large segments of the Hispanic population is the primary factor determining the third descriptive category: income. In 1980 the nationwide Hispanic median family income was about $14,000, one-third less than that of the white non-Hispanic population. Hispanics as a group are thus more likely to be unemployed, to be concentrated in lower paying occupations, and to live below the poverty line than white non-Hispanics. Mexican Americans and Puerto Ricans fare worse economically than other Hispanics.

Hispanic families and households are experiencing changes similar to those in the general population, including an increase in the proportion of non-family households and female headed households. The rate of Puerto Rican female headed households surpassed the rate of increase in Black female-headed households in the last decade. This is significant because female householders with minor children have higher rates of poverty than all other families. Hispanic families are generally larger than non-Hispanic families, with Mexican Americans having the largest families, followed by Puerto Ricans, then Cubans, and Central/South American families. Due to their larger than average family size, Mexican Americans and other Hispanic groups have high rates of overcrowding. Housing is especially acute for female-headed households with minor children.

A fourth way in which Hispanics may be classified is by geographic location. Historically, Hispanic ethnic groups have concentrated in certain areas, with Mexican Americans concentrated in the Southwest, Puerto Ricans in the northeast (primarily in New York), and Cubans based in Florida. Recent census data indicates a trend toward decentralization, but it is likely that higher concentrations of ethnic groups will continue to be found in these areas for quite some time in the future. Nine out of ten Hispanics live in urban

areas. In no state are Hispanics less than 50% urban.

As a whole, the Hispanic population differs from the non-Hispanic population in one important respect: it is a much younger population with a median age of 23 and one-third of its population under 15. It is currently the fastest growing and second largest minority group in the U.S. In 1970, the Hispanic population comprised 4.5% (about 9 million) of the total U.S. population. This increased 60% over the decade to 6.4% of the population (or about 14 million) in 1980.

What does all this recently available demographic data tell us about Hispanic women as a whole, and their health problems in particular? Several patterns are evident. First, Hispanics as a group are different from the larger population in terms of income, age, educational attainment and ethnic background. Hispanics as a group also differ among themselves, and should be addressed as separate ethnic subgroups when at all possible. Second, due to the relatively poorer, younger, less educated status of the Hispanics overall, several health problems become more likely, both for the overall population, and for women in particular.

Recent research has documented the existence of several health problems for which Hispanic women are at particular risk. Because it is a young and relatively fertile population, an obvious health need for the population of Hispanic women involves prenatal and perinatal health care. Later in this session studies will be presented on this topic and in much more detail, so for the present, only a few points will be noted. From the available research, several things can be said. 1) Hispanic and other minority women often meet with difficulties in trying to obtain health care. Thus, an important factor in their frequently inadequate perinatal care are the problems they encounter within the health care system. 2) Family and friendship networks are strong, highly credible, sources of information for lower class Hispanics, but are

underutilized by medical professionals as channels for health communication. 3) Barriers to adequate perinatal health care include low income, the low priority of preventive care, a lack of knowledge and awareness of health practices, and in some cases cultural and traditional ties that prevent the adoption of good health practices when they are known.

Several other problems are known to be more prevalent among Hispanic women, and are quite possibly related to the higher incidence of perinatal health problems observed in both Hispanic women and their infants. A serious health problem among Hispanic women is obesity. One estimate places the rate of obesity (defined as 20% or more over desirable weight) among Mexican American women at 45%, (Stern 1981), compared to 26% for Mexican American men, and 29% for the national female rate of 29%. Other research indicates that Mexican American women are more likely to be obese than Anglo Americans even when socioeconomic level is controlled (Stern, 1982).

Partially related to their excess incidence of obesity is an excess prevalence of diabetes among Hispanic women. In one sample, 10% of the Mexican American women 45 and over were found to be diabetic, almost three times the national female rate of 3.7% (Stern 1981). Other research indicates that even lean Mexican Americans have a higher than expected risk for diabetes. These and other data indicate that Mexican American's excess prevalence of diabetes include both environmental and genetic factors.

Another problem common among Hispanic women is hypertension. Mexican American women have rates of hypertension significantly higher than national rates for Anglo Americans. Estimated in one study at 44%, the rate of hypertension for older (60 and over) Mexican-American females is higher than the national Black rate, and higher than Mexican American men as well (Stern, 1981b). However, these women were much more likely to control their hypertension

than were the men, primarily because of the men's low rate of control. Mexican American women have also been found to have a slightly higher cholesterol level than their male counterparts, and they tend to have markedly higher tryglyceride levels (Stern, 1981a).

On the assumption that the higher incidence of these health problems among Hispanics results in part from inadequate knowledge, a number of studies have assessed Hispanics' knowledge, attitudes, and behavior regarding preventive health. For obesity, only minor differences in knowledge have been observed (Stern 1982). However, significant differences in attitudes and behaviors have been found between Mexican and Anglo Americans. Even when socioeconomic levels are controlled, Mexican American women tend to be more "skeptical" regarding the importance of weight control and less likely to feel that they can control their weight than their Anglo counterparts. Differences in behavior between ethnic groups tend to be consistent with attitude differences, with Mexican American females, particular those in lower SES neighborhood, least likely to exercise, avoid sugar, and engage in dieting behavior.

Hispanic women also have been found to be significantly less knowledgeable about heart attack prevention, even when SES is controlled for. However, knowledge increases as SES increases. Hispanic women also score lower than non-Hispanic women on measures of knowledge of heart attack symptoms, again even when controlling for SES. Lower class Hispanic women appear to be especially lacking in knowledge of major symptoms of heart attack and of the need for prompt action when symptoms occur.

Because of the economic, and possible cultural and linguistic difficulties that prevent many poor Hispanic women from having any extensive contact with medical professionals, it is not surprising that several studies have found that many Hispanics rely on the mass media as a source of health

information (Gombeski, et al., 1981). The development of health care programs for airing on radio and television, particularly on Spanish language radio and TV, appears to be a potentially effective avenue for reaching large segments of this population with health information. Although only a few studies have been conducted, early indications are encouraging. Our own research with television PSAs has demonstrated the effectiveness of health promotion strategies that are based on the identified health needs, and on estimates of the average level of knowledge, and typical attitudes and health practices of the targeted Hispanic population. Using a culturally relevant, Spanish language program on hypertension, we were able to reach over one-third of the Houston Hispanic population, and found evidence of effective recall of the content of the messages and recommended action. More recently, we conducted a study on the effectiveness of radio programs communicating the symptoms, treatment and prevention of hypertension, obesity and diabetes. The program was designed specifically for Hispanic women, in close conjunction with leaders of the Hispanic community, and pretested with focus groups from the targeted audience. These messages were presented in the form of a radio novela, a series of five-minute episodes about a young Hispanic doctor whose purpose was to help prevent heart disease among members of his community. After only airing the novela for five days, 12% of the population sampled recalled hearing the novela. Of those who heard it, 39% said it caused them to take some action about their health, the most common of which was to go for a check-up. Those who heard the novela were also significantly more likely to attend a subsequent health fair, where participants were screened for several heart disease risk factors and presented with information in a variety of formats. On the basis of these and other studies, it appears that the use of Spanish radio and television has a great potential for not only

educating a large segment of the population that would otherwise not receive health care information, but also for motivating others in the population to participate more actively in the health care system.

This brief review of some of the more recent research in the area of Hispanic women's health has only highlighted a few of the efforts that have been made toward gaining a more complete understanding of Hispanic women's special health needs, their health knowledge, attitudes, and practices, and how health care professionals can promote the adoption of better health care practices. Even from such a brief review, it is apparent that much has been accomplished towards this goal. It is also apparent that much remains to be done, both in the area of research and in the application of that research.

First, more research is needed that conceptualizes Hispanic women as a heterogeous groups of individuals, with many different defining characteristics. By one account, only about 50% of the published studies in this area included how the Hispanic population was defined (Rashke, 1981). The inclusion of such classification criteria is essential for determining the applicability of the research findings. The same point can be made regarding the geographic location of the sample. It is not at all clear whether Mexican Americans living in California can be compared with those living in Texas or with the Puerto Ricans living in New York City. Yet when these criteria are omitted, such comparisons are often made.

Second, although more good descriptive studies are still needed, research in this area nevertheless has also reached a point where more rigorous studies are possible and necessary. The essence of scientific study is controlled comparison. An extensive review of the literature recently revealed that about half of the research on Hispanic health included data on Hispanics only, making it difficult to determine the effects of ethnicity relative to low socioeconomic status and other factors common to minority groups.

There is also a need for research which will answer new questions that are only now being formed. For example, we have outlined, individually, several health problems common to Hispanic women: perinatal health and complications resulting from pregnancy, obesity, diabetes, and hypertension. Each of these risk factors has received excellent research attention, individually, or occasionally as the latter three relate to heart disease. However, research should begin to address the interrelationships of each of these problems. Research within the general population indicates that diabetes during pregnancy significantly increases the risk of serious complications, yet these rates have not been assessed for Hispanic women. Similarly, the relationship between obesity, hypertension and toxemia is known among the general population, but has not been investigated among Hispanic women. Given the high risk among Hispanics for each of these disorders, and the high rate of infant mortality, these would appear to be research questions urgently in need of attention. Another research area that would appear promising is that of family systems research, that is, studying the dynamics of Hispanic families, as we attempt to understand the nutritional and health care habits that low income Hispanic parents impart to their children, and whether inadequate strategies can be modified through family interventions. The 1980 census data indicates that Hispanic families are following the same trend seen throughout the total population, that of an increasing number of single female householders, many of whom have minor children. What are the special needs of these women and their children that health professionals can meet?

These are just some of the issues that face researchers and health care professionals as we attempt to provide better health education to minority women and break down the barriers that prevent them from obtaining adequate

care. Given the accomplishments of the recent past, the future for these questions, and for the health of minority women looks promising. The research reports that you are about to hear provide excellent examples of the kind of studies that have advanced our knowledge and our ability to intervene with a truly mosaic population in need of better health care. Hopefully, such efforts will continue.

HISPANIC WOMEN'S HEALTH ISSUES:
UNDERSTANDING A MOSAIC POPULATION

I. RESEARCH RESULTS -- What Do We Know?

II. RESEARCH CRITIQUES -- What Knowledge is Lacking?

III. RESEARCH SUGGESTIONS - What Do We Do Next?

IV. RESEARCH EXAMPLES -- Such Innovative Research Designed to Reach Hispanic Women

HISPANIC WOMEN'S HEALTH ISSUES:
UNDERSTANDING A MOSAIC POPULATION

I. RESEARCH RESULTS -- WHAT DO WE KNOW?

- IMPORTANCE OF STUDYING HISPANIC WOMEN AS A HETEROGENOUS GROUP
  -- more data available now than ever before
- HEALTH PROBLEMS COMMON TO HISPANIC WOMEN, PARTICULARLY THOSE OF LOW SOCIOECONOMIC STATUS
  -- e.g., prenatal health, obesity, hypertension, diabetes
- REACHING HISPANIC WOMEN WITH HEALTH CARE INFORMATION
  -- assessing the need: knowledge, attitudes, and practices
  -- determining the means: the media's role

HISPANIC WOMEN'S HEALTH ISSUES:
UNDERSTANDING A MOSAIC POPULATION

II. RESEARCH CRITIQUES – WHAT KNOWLEDGE IS LACKING?

- PROBLEMS IN THE LITERATURE
  -- sampling problems
  -- design problems
- MISSING RESEARCH -- STUDIES THAT ARE WAITING TO BE DONE USE FOR EXAMPLE:
  -- family systems research
  -- longitudinal research
  -- intervention studies

HISPANIC WOMEN'S HEALTH ISSUES:
UNDERSTANDING A MOSAIC POPULATION

III. RESEARCH SUGGESTIONS -- WHAT DO WE DO NEXT?

FUTURE RESEARCH SUGGESTIONS
-- identify Hispanics through consistent, meaningful criteria
-- identify subethnic groups and non-Hispanics using same criteria
-- include comparison groups, e.g., comparable non-Hispanics

CHALLENGE OF RESEARCH APPLICATIONS
-- health care education of minority women
-- how to bring minority women into the health care system